

# Commander's Checklist

- Practice proactive suicide prevention in your unit. Review your total program and ensure that you are properly using the tools available.
- Educate yourself about suicide. Know the warning signs of suicide and provide aid when you see them.
- Listen to soldiers in your unit when they tell you about themselves. Some may be at risk for suicide. The greatest risk factors are prior suicide attempts, unrecognized and therefore untreated mental disorders — particularly mood disorders such as depression — especially when accompanied by substance abuse.
- Examine your own attitudes about mental-health issues and ask yourself if you consciously or unconsciously attach a stigma to soldiers with emotional or psychological problems.
- Encourage help-seeking behavior among your soldiers.
- Encourage buddies to take care of buddies.

## Can You Be an Effective Leader for Suicide Prevention?

**Level with yourself.**

**Commanders must stress buddies helping buddies and must strongly promote and reward help-seeking behaviors in their soldiers. You might need to change your own attitudes. Ask yourself these questions:**

- **Do I believe that people who admit they have emotional and psychological problems are weak or defective?**
- **Do I attach a stigma to and unconsciously penalize soldiers who acknowledge their negative feelings, admit difficulties, and seek help for relationship, emotional and psychological problems?**
- **Would I be embarrassed or afraid to seek help if I were experiencing relationship, emotional or psychological difficulties and were having suicidal thoughts?**

**If you answered yes to these questions, you will not be effective in promoting suicide prevention in your unit. To be effective, you must be willing to stand before your soldiers and tell them with sincerity that it takes a strong, courageous person to admit to having emotional problems and seek help for suicidal feelings.**

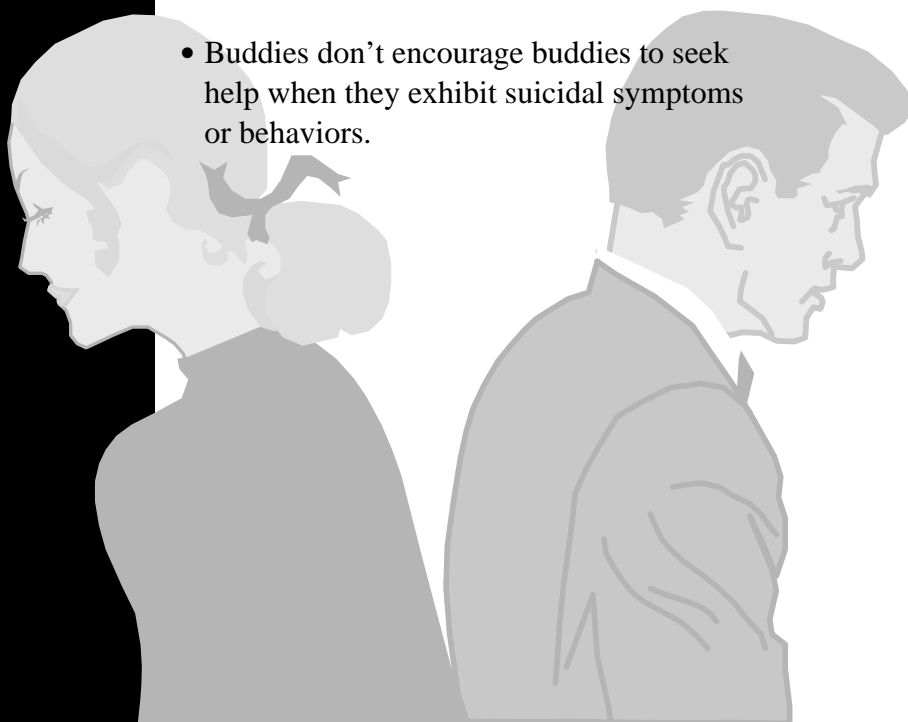
## Prediction

Although there is no single factor to predict when a soldier will consider suicide, a review of past suicide cases in the Army provides some insight.

- Suicides occur most often when the individual is unsupervised, away from the workplace.
- Suicides are often preceded by deterioration in a significant personal relationship, such as a break-up or divorce.
- Suicide risk increases with any perceived personal failure, or pending military or civil legal proceedings.
- Many individuals who commit suicide abuse alcohol or drugs just prior to the act.
- Suicides are usually accomplished with a privately owned weapon.

## Army Suicides Go UP in Number When:

- Leaders scapegoat, humiliate or ostracize certain members of a unit;
- Leaders don't have proactive suicide-prevention programs;
- Leaders don't know their soldiers well enough to be sensitive to their concerns and distress;
- Leaders don't know the warning signs of suicide and fail to identify soldiers who are at risk;
- Leaders overtly or subtly discourage help-seeking behaviors and stigmatize mental-health problems by disparaging or penalizing soldiers who seek counseling and treatment;
- Buddies don't encourage buddies to seek help when they exhibit suicidal symptoms or behaviors.



## Army Suicides Go DOWN in Number When:

- Units foster cohesion and esprit de corps to make every member a part of the total team;
- Leaders have proactive suicide-prevention programs and stress suicide prevention regularly;
- Leaders know and teach their soldiers the warning signs for suicide and what to do if a buddy appears suicidal;
- Leaders identify soldiers who are at risk;
- Leaders encourage help-seeking behavior by emphasizing to all soldiers that it takes courage to admit problems and seek help;
- Leaders encourage buddies to take care of buddies.



## Know The Risks

**Soldiers are at increased risk for suicide when they:**

- **Are suffering from depression and/or substance abuse;**
- **Have made previous suicide attempts;**
- **Have recently experienced a divorce or the break-up of a significant personal relationship; or**
- **Are in confinement or are awaiting legal proceedings.**



## **Is the Army's suicide rate greater than that of the general population?**

The Army's suicide rate is less than that found in society for the at-risk age group.

## **How often should suicide-prevention training take place?**

At a minimum, suicide-prevention training should occur at least annually, before and after deployments, and following a suicide in a unit.

## **What is the profile of the typical soldier committing suicide?**

The typical soldier committing suicide is a young, white male with a rank of staff sergeant or below. However, in 1999 the suicide rate in the Army was highest among senior NCOs. If the suicide victim is an officer, he is typically a lieutenant or captain.

## **Are there suicides among women and minority soldiers?**

There are suicides by female and minority soldiers, but the rates are much lower than for white males.

## **What is the most common method used by soldiers who commit suicide?**

Self-inflicted gunshot wounds are the most common method of committing suicide, followed by hanging and carbon-monoxide poisoning.

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